

**NURSES ATTITUDE TOWARDS THE MENTALLY ILL IN
INDIRA GANDHI MEMORIAL HOSPITAL,
MALDIVES**

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UNIVERSITY SAINS MALAYSIA

2004

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INDIRA GANDHI MEMORIAL HOSPITAL,
MALDIVES**

BY

AISHATH RAMEELA

**Thesis submitted in fulfilment of the
requirements for the degree of
Master of Social Science**

April 2004

**TO MY LOVING SON:
ALI**

ACKNOWLEDGEMENT

First and foremost, I would like to express my sincere gratitude to my supervisor, Dr. Intan Hashimah Mohamed Hashim for her valuable guidance and advice through out the period of my candidature. I gratefully thank the Islamic Development Bank (IDB) for providing me with this opportunity to further my studies and financing me through out my study period. Next, I take this opportunity to thank all the nurses at Indira Gandhi Memorial Hospital, for participating in this study. I would also like to thank Professor Madya Abdul Rahim bin Ibrahim (Dean, School of Social Sciences, University Sains Malaysia) and all the lecturers of the School of Social Sciences who have provided me with valuable knowledge during the course of my study at the School.

I deeply thank my husband, my parents and all the other family members for their valuable support and assistance during the period of my study. Finally I would like to thank all my friends who have assisted me in various ways. Thank you all.

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ABSTRAK

Menggunakan kaedah kuantitatif, sikap 230 orang jururawat yang berkerja di Hospital Peringatan Indira Ghandi di Maldives dikaji. Dalam kajian ini, jururawat diminta menjawab satu kertas soal selidik yang boleh dibahagi kepada dua bahagian. Dalam bahagian A, soalan berkaitan dengan maklumat latar belakang seperti umur dan jantina, pendidikan dan latihan yang pernah diterima oleh jururawat dan pengalaman berkerja dengan pesakit mental ditanya. Bahagian B mengandungi ujian terpiawai CAMI (Community Attitude Towards Mentally Ill “Sikap Komuniti Terhadap Pesakit Mental”) yang mengandungi 40 soalan. Beberapa soalan telah diubahsuai. Variabel bergantung ialah skor CAMI. Variabel bebas terdiri daripada latar belakang seperti umur dan jantina, pendidikan dan latihan yang pernah diterima oleh jururawat dan pengalaman berkerja dengan pesakit mental. Analisa utama terdiri dari deskripsi statistik, ujian t dan ANOVA. Analisis terhadap skor CAMI menunjukkan jururawat secara umum mempunyai sikap positif terhadap pesakit mental (purata 2.65 dengan deviasi 0.50). Walaubagaimanapun, bila diminta menerangkan tentang pengalaman hubungan mereka dengan pesakit mental, ramai responden melaporkan hubungan tersebut sebagai buruk atau sangat buruk (49.2 %). Jururawat juga melaporkan jumlah latihan yang terhad walaupun mereka terpaksa berhadapan dengan ramai pesakit mental. Kurang dari 5 % jururawat pernah menghadiri latihan tambahan. Jururawat berkerakyatan Maldives melaporkan sikap yang lebih positif terhadap pesakit mental berbanding dengan jururawat berkerakyatan India ($F=12.39$, $p<0.001$). Mereka yang tinggal dengan keluarga juga melaporkan sikap yang lebih positif terhadap pesakit mental berbanding dengan mereka yang tinggal berseorangan ($F=5.42$, $p<0.05$). Responden yang

tidak tinggal dengan ibubapa juga melaporkan sikap yang lebih positif terhadap pesakit mental berbanding dengan mereka yang tinggal dengan ibubapa ($F=13.05$, $p<0.001$). Berdasarkan penemuan, kajian ini membuat kesimpulan bahawa hanya ada bukti yang terhad yang menunjukkan hubungan antara faktor demografi, pendidikan, latihan dan pengalaman dengan sikap terhadap pesakit mental. Cadangan dibuat agar satu unit psikiatrik yang khusus ditubuhkan di hospital, latihan yang lebih mendalam untuk jururawat dalam bidang psikiatrik diadakan, lebih ramai lelaki digalakkan untuk menjadi jururawat dan kajian lanjutan yang lebih mendalam dan menyeluruh diadakan di masa akan datang.

ABSTRACT

The attitude towards the mentally ill among 230 nurses working at the Indhira Gandhi Memorial Hospital (IGMH) in Maldives was studied by using a quantitative approach. In this study, nurses were asked to answer a questionnaire consisting of two parts. In part A questions regarding personal and demographic (e.g. age and sex), education and training and nurse's exposure to mentally ill were asked. Part B consists of the partially revised 40-item CAMI (Community Attitude Towards Mentally Ill). Dependent variable is the CAMI score. Independent variables are the personal and demographic background, education and training background and nurse's experience working with mental patients. Main analysis includes descriptive statistics, t-test and ANOVA. Analysis of CAMI demonstrates that in general, nurses in the study show positive attitude towards the mentally ill (mean of 2.65 with standard deviation of 0.50). However, when asked to describe their relationship with the mentally ill they have taken care of in the past, a high proportion of the nurses reported the relationship as bad or very bad (49.2 %). Nurses also reported a limited amount of training in dealing with the mentally ill, despite having to deal with a number of mental patients. Less than 5 % of the nurses have ever attended some form of extra training. Maldivians have a significantly more positive attitude towards the mentally ill compared to the Indian respondents ($F= 12.39$, $p<0.001$). People living with family have a significantly more positive attitude towards the mentally ill compared to those living alone ($F=5.42$, $p<0.05$). Participants not living with parents also have more positive attitude towards the mentally ill compared to those living with parents ($F=13.05$, $p<0.001$). Based on the findings, the study concludes that there is limited evidence for

relationship between demographic, education and exposure factors with attitude toward mentally ill. Recommendations are made for the establishment of separate psychiatric unit in the hospital, proper psychiatric training for nurses and more male participation in nursing and future qualitative studies.

Chapter One

INTRODUCTION

1.1 Background

Mental illness is the term used to describe a broad range of mental and emotional conditions. Mental illness is also used to refer to mental impairments other than mental retardation, organic brain damage and learning disabilities. The term 'psychiatric disability' is used when mental illness significantly interfere with the performance of major life activities such as learning, thinking, sleeping, eating and communicating among others (World Health Organization, 2001). Mental illness can be experienced over many years and the type, intensity, and duration of symptoms varies from person to person. The most common forms of mental illness are anxiety disorders, schizophrenia and depressive disorders.

The National Institute of Mental Health at United States estimates that one in five people will experience some sort of mental illness in their lifetime and one in four people will know someone with mental illness. Mental illness is treatable and the symptoms of mental illness often can be controlled effectively through medication and/or psychotherapy. But sometimes the symptoms of mental illness may go into remission, and for some people it causes continuous episodes that require ongoing treatment (World Health Organization, 2001). Untreated mental illness can disrupt an individual's personal, social, educational and work activities and in some cases may lead to suicide. According to the World Health Organization (WHO) the cost of not treating mental illness may be high both in personal and financial terms where by a significant indirect cost is made on the economy of a nation by mental illness.

Even though mental illness affects many people around the world, mental illness unlike other chronic physical illnesses like heart disease and hypertension, is associated with a number of misunderstandings and myths. For example, it is common for people to assume that mental illness is caused by moral weakness and/or is in the possession of evil spirits. Wahass and Kent (1997) while studying the community attitudes towards the causes of auditory hallucination in Saudi Arabia and United Kingdom found out that Saudi Arabians considered supernatural causes like possession by the devil for auditory hallucination. Razali and Najib (2000) also found out that certain Muslim cultures placed the causes of mental illness on supernatural origins due to their belief in God's will as a determinant of all events in life. At times mental illness is also perceived as God's punishment for something bad that the person has done.

In addition, mental illness is often associated with dangerousness and violence (Phelen, Link, Steuve & Pescosolido, 2000; Pescosolido, Link, Phelan, Bresnahan & Steuve, 1999). According to Corrigan, Rowan, Green and Lundin (2002), public often segregate the mentally ill from the rest of society thinking they are dangerous and violent. This attribution of mentally ill with dangerousness and violence is very often due the portrayal of mentally ill people as violent and dangerous on the media (Lyons & Mc Loughlin, 2001). It was argued by Hyler, Gabbard and Schneider (1991) that presentation of mentally ill people as dangerous and violent have been so frequent in films, television, novels and comics that people accept them without a second thought.

Due to the misunderstanding and myths surrounding mental illness, mentally ill are sometimes stigmatized and may be labeled in stereotypical names such as 'madman', 'morons', 'lunatics', 'maniacs' and 'psycho' (Kaminiski & Harty, 1999). In

some instances mentally ill may be denied of human rights. They are discriminated in society on necessities of everyday living like communicating with others, employment, proper food, decent clothing and housing.

The most devastating and frightening experience the mentally ill has to undergo is isolation and loneliness. People tend to seclude the mentally ill from others, the family who once loved and cared for the person suddenly separates the person from the rest of the family and neglects the needs of the mentally ill person. Once institutionalized, many families refuse to take back their mentally ill family members even after recovery from the illness, forcing these already miserable people to totally lose trust in others and their condition takes a turn back into its worse. Apart from the above, mentally ill are also harassed and tortured in ways like chaining them down so that they cannot move and inflicting other bodily pain and harm (Rotella, Gold & Adriani, 2002).

The stereotypical labeling of the mentally ill becomes so permanent that the person is stigmatized with the stereotypical names even after recovering from the illness. People fail to understand their capabilities because of an unfortunate illness they encountered and are refused jobs for which they are qualified. This makes it difficult for the ex-mental patients to pull themselves up and gain a level of independence in the community (Huxley, 1993).

Psychiatric stigmatization had led to the formation of widespread negative attitude towards mentally ill among public. According to the World Health Report (2001), stigma and discrimination are the main obstacles facing the mentally ill today

and it is the shame and fear of this discrimination that prevents the mentally ill from seeking help and care for their disorders (World Health Organization, 2001). Corrigan, Edwards, Green, Diwan and Penn (2001) states that stigma is known to create a hidden burden among the mentally ill ultimately resulting in reluctance to seek help and delay in rehabilitation.

It is important to understand about people's attitude towards mentally ill and possible factors which might have lead to the formation of these attitudes. It is very likely that a person's background and experience may influence his/her attitude towards mentally ill.

The dictionary meaning for nurse is 'a person who has completed and passed a recognized nursing program and is licensed to practice' (Livingstone, 1996). Nursing is an art and a science involving many activities, concepts and skills. Nursing is a unique profession because it addresses the responses of individuals and families to health promotion, maintenance, and problems. The International Council of Nurses (ICN) defines nursing as "assisting the individual, sick or well, in the performance of those activities that will contribute to health, recovery, or a peaceful death that the individual would perform unaided if he or she had the necessary strength, will, or knowledge."

The nursing process is an ongoing systematic series of actions, interactions, and transactions with a person in need of health care, using the problem-solving method, so that empathic and intellectual processes and scientific knowledge form the basis of its action (Murray & Zentner, 1979). From its earliest history, nursing was a form of community service to protect and preserve the family. Nursing began as a desire to keep

people healthy and to provide comfort and assurance to the sick. Historically, men and women have held the role of nurse. Today, the profession is faced with multiple challenges. Nursing practice is moving toward multiple care settings that are based in institutions, community and home care. According to Shives (1990), psychiatric nursing is a specialized area of nursing practice employing theories of human behaviour as its scientific aspect and purposeful use of self as its art. It is directed toward both preventive and corrective impacts upon mental illness and is concerned with the promotion of optimum health for society.

In health settings, nurses are among the health professionals who have to deal very closely with the mentally ill patients. According to Emrich, Thompson and Moore (2003), health care professions are not immune to social prejudices and surprisingly share the general public's attitude attributed to people with mental illness. Studies show that nurses are also prone to the same misconceptions as the public, at times expecting mentally ill patients to be hostile, violent and likely to injure them (Halter, 2002). Nurses working at general hospital settings may be inadequate to deal with mentally ill and at times may elicit negative attitudes like fear and violence (Brinn, 2000).

1.2 Statement of Problem

Mental illness is on the increase in Maldives. According to a very recent newsletter from the Ministry of Women and Social Security Maldives the number of people who needs to take life-long medication for mental disorders has increased. Compared with the 300 registered mentally ill people in the year 2001, the number has increased to 464 in the year 2002 (Ministry of Women and Social Security, 2002). Mental illness is also an illness like any other requiring care and rehabilitation without

which there may be an increase in the number of mentally ill patients in the community and also an increase in the severity of the disease condition affecting people. However, mental illness has some amount of negative beliefs and misunderstandings attached to it. Due to this unique character of mental illness it is important to study attitudes towards mentally ill.

Nurses play a key role in caring for the mentally ill in sickness and in rehabilitating the mentally ill after an episode of illness. According to Brady (1976), the nurse's attitude towards a patient is generally considered to be one of the basic factors contributing to the administration of total therapeutic nursing care. Furthermore, the author explains that these attitudes are to a great extent the result of exposure to environments and experiences. Due to this reason it is important to find out the attitudes of nurses towards mentally ill and factors which might influence these attitudes. Since the literature available in Maldives in the area of mentally ill is very limited due to the absence of studies conducted in the area, there is an important need to conduct a study on mentally ill.

In the above context the researcher is challenged to find out the attitudes of nurses' and the factors that influence these attitudes among nurses. Understanding the attitude of these nurses and the factors, which contribute to these attitudes, would eventually benefit the health professionals like social workers, doctors and nurse educators.

1.3 Research Objectives

1. To identify the attitude of nurses towards mentally ill.
2. To identify factors which influence the attitude of nurses' towards mentally ill.

1.4 Possible Limitations

There are a few limitations expected in this research and they include:

1. As with every other survey the fact that participants may not be very accurate in answering the questionnaires is observed.
2. Even though the whole nursing population of 258 nurses working at Indira Gandhi Memorial Hospital is targeted in the study, a few participants may not be available during the time of the study.
3. Attitude towards the researcher; researcher being a former member of the group proposed for this study, participants may feel hesitant to reveal true information on the questionnaires for fear of exposure.

Chapter Two

LITERATURE REVIEW

2.1 Introduction

This chapter consists of a review of existing literature on the topic in discussion. Firstly, it will give a brief description of Maldives so that the readers will be able to have a better understanding of its uniqueness and how it differs from other larger nations. Discussion in this section will also provide a rationale for some of the questions asked in the questionnaire. Secondly, this chapter will discuss the general attitude theory; including definitions of attitude, how attitudes are formed and influenced, relationship between attitude and behaviour and how attitudes are measured. Thirdly, the chapter will present the attitude towards mentally ill, specifically explaining about some of the studies existing pertaining to the topic in discussion. Lastly it will introduce the present research, where by a model of the proposed research will be provided together with the explanations.

2.2 Maldives at a Glance

The Republic of Maldives is a nation of islands located in Southern Asia, off the southwest coast of India in the Indian Ocean. Maldives contains more sea than land with a total land area of 298sq km. Maldives is made up of 1200 separate islands of which only 199 islands are inhabited (United Nations, 2002). The nation experiences a tropical hot, dry and humid climate through out the year making it one of the best tourist attractions in the world. The land is flat with its highest elevation at only 2.5 meters. The natural resources available are fish. With beautiful islands and abundant fish,

tourism and fisheries are the two largest industries in Maldives, both bringing in most foreign currency.

Transportation within the country is mainly by boats or traditional sea faring vessels called “dhoni”. There are four regional domestic airports and travel by air is possible only to these areas. There is only one international airport and it is situated in an island solely for its purpose very near to the capital island. For administrative purposes Maldives is divided into 19 atolls. Each atoll has varying number of islands both inhabited and uninhabited and each atoll has its respective atoll chief and with its own island chief. Each atoll has an atoll school which provides secondary education and each of the 199 islands has an island school providing primary education for its children. There are four regional hospitals existing in four regions of the nation and six atoll hospitals in different atolls and a health center for each island.

The capital of Maldives is Male’ and it is the center for administration, education, health and commerce. There are 14 schools providing secondary education and 11 schools providing primary education in Male’. There is a college for higher education also in Male’ where people can have training in different professions like teaching, nursing and other paramedics, law, engineering and many others. Indira Gandhi Memorial Hospital (IGMH) situated in the capital island is the largest hospital in the country and it is the main referral point for all health and medical problems. All the government offices and much of the private sector are also operated in Male’. Due to all these factors Male’ is the most densely populated island in the country. People from all the islands migrate into Male’ the capital island for better educational, health

and job opportunities centralizing 27.4% of the total population of the country in Male' (United Nations, 2002).

According to the 2000 census the population of Maldives is 270,101 (National Population Census, 2000). The life expectancy at birth is 71 years for males and the same for females in the year 2001 (United Nations, 2002). The largest population group is under 18 years of age. The nationality of Maldives is Maldivian and there are no race and religious differences, where the whole country follows Islam as its religion and Dhivehi as its language. It has a literacy rate of 99.1% and there is an equal right for education for both males and females. The people of Maldives show physical features very close to Indians, Sri Lankans, Arabs and Africans in their looks. In the islands people enjoy a quite life where almost all the families are engaged in fishing and its by-products. A few number of islands do farming on small scale where they cultivate vegetables and fruits.

A number of parents send their children to Male' for further education not available from the island school. Even though the age of the children thus brought to Male' ranges from 11-14 years, only rarely are parents able to accompany their children when they come to study in Male'. Most of the children stay either with relatives or family friends during their long stay in Male' and some even end up with total strangers. Considering the tender age at which they are made to live separately from their parents, a major part of their behaviour and personality is molded by the people with whom they stay. Many of the nurses working at IGMH are also immigrants from other islands into Male', the capital island, for better education and career it is very likely that these

nurses would have stayed away from their family and parents for most of their lives and this might influence some of their attitude towards mentally ill.

To some extent Maldivians may still be a traditional society where the subject of mentally ill may provoke a number of negative views. Maldivians also harbor different mythical beliefs about mental illness. Mental illness is usually related with supernatural possessions or with black magic or sorcery. Evidence exists in historical writings dating to the oldest available literature of Maldives, where it shows that black magic ('fanditha') has been used both to treat mentally ill and to curse people with mental illness. Even in the present day majority of people first get aid from religious healers and traditional healers ('fanditha' man) for mental illness before turning to medical aid.

IGMH, the largest hospital in the country has a nursing population of 258 nurses where 96 are foreign nurses and the remaining 162 are Maldivians. The non-existence of a mental hospital in Maldives or a separate psychiatric unit at IGMH, the general medical wards of the hospital naturally becomes the focal point of admission for the acutely ill mental patients. Here it should also be noted that a small institution for the mentally and disabled do exist in Maldives, situated in an island not far from the capital. But this facility functions as an accommodation for the chronic mentally ill people who are refused by the families, and in no means acts as an institution where treatment and rehabilitation of the mentally ill is provided. There are no trained nurses or doctors stationed in this institution but rather some lay people are employed to attend to the day-to-day necessities of the mentally ill.

Training of certificate nurses has been in existence in Maldives for a very long time, but the diploma-training program for the nurses has only started recently. Prior to the availability of the diploma-nursing program in Maldives, all the diploma nurses were trained abroad. At present both the certificate and diploma in nursing program does not provide any training in psychiatric or mental health nursing. The diploma nursing program however contains a subject called psychology which gives a very basic knowledge about psychiatric disorders and its treatment.

Growing up among people who harbors various mythical beliefs about mental illness, the attitude of the nurses working at IGMH are also likely to be effected by these beliefs and may share similar ideas regarding mental illness with the rest of the people. In addition the training patterns of nurses that gives limited knowledge and exposure to mentally ill may also shape their attitudes. It will be interesting to examine the attitude of nurses and how they may be affected by their beliefs and training background.

2.3 Theories of Attitude

This section is divided into four parts. The first part will look into the various definitions of attitude and its components. The second part will look into the process of attitude formation and the third part will evaluate the relationship between attitude and behaviour; and lastly the fourth part will look into the different methods of measuring attitude.

2.3.1 What is Attitude?

The word 'attitude' was originally derived from the Latin word 'aptus' meaning to 'fit and ready for charge', but this old version of interpreting attitude has now been replaced by more meaningful ones. Today attitude is explained as a construct not directly observable but precedes behaviour and guides one's choices and decision-making factors. Attitudes are perceived as responses that locate objects of thought on dimensions of judgment. Objects of thought are the issues or the people about whom opinions are based and dimensions of judgment describe the range over which evaluations extend as from good to bad or from positive to negative (Mc Guire, 1986; Hogg & Vaughan, 1998). Some social psychologists describe attitude as organized enduring systems developed by an individual's knowledge, feelings and action tendencies with respect to various objects. Bootzin, Loftus and Zajonc (1983), describes attitude as an attraction or aversion towards an object with what is known about that object.

According to some social psychologists, attitude has two components while for some others attitude is known to have three components. According to the two component believers of attitude, the two components are the affective and cognitive components. The affective component is also known as the feeling component because it refers to the emotions connected with the object like attraction or aversion and good or bad. The cognitive component, on the other hand, consists of the knowledge and beliefs of the individual about an object. To the three component believers, apart from the affective and the cognitive components a third component, the behavioural component, which shows the action tendency towards an object, is included (Miller & Tesser 1989). Some social psychologists describe attitude as a favourable or

unfavourable evaluation of an object or person displayed through the three distinct components; beliefs, feelings or behavioural intentions (Olsen & Zanna, 1993; Franzoi, 2003; Breckler, 1984).

It is obviously very clear from all the above descriptions that attitude is always related with liking or disliking of an attitude object and this in turn is always a result of what is known about that object. In addition to this, the above definitions also describe that attitudes, either positive or negative, predict how a person is going to behave or react to that object in future. Based on the above information a more meaningful definition can be drawn by combining the third component or the action tendency component with the definition given by Bootzin et al (1983). The new definition thus drawn will describe attitude as an attraction or aversion towards an object which is the result of previous experience with that object and is correlated with present and future behaviour.

2.3.2 How is Attitude Formed?

According to Petty, Wegener and Fabrigar (1997) it is natural to form a liking toward things that are repeatedly presented to a person. Attitudes can be learned through the process of social learning; that is learning from the social environment (Gray, 2002). The three modes of social learning which help in the formation of attitudes include; classical conditioning, instrumental conditioning and modeling (Lippa, 1994). Through classical conditioning method, neutral objects are made to become negative ones through constantly paring them with negative things like loud noise, negative words, and disgusting pictures and so on. If student nurses are always instructed on the violent behaviour and dangerousness of coming near mentally ill patients, each time without

fail when ever they are posted in the psychiatric ward, an attitude towards the mentally ill patients on the instructions given to them before each exposure to the ward will be formed.

The other form of social learning by which attitudes are formed is the instrumental conditioning method or the reinforcement method. This method makes use of reward and punishment for actions performed by a person. It is believed that apart from parents and peers, media, in particular television is another powerful source of attitude formation. Researches have shown that the media can both create attitudes and reinforce those that already exist, as is the principle of social learning theory. For a child who receives smiles and patting from the parents for avoiding mingling with children of mental illness / psychological problems will form an attitude to dislike children with mental illness / psychological problems.

Modeling is the third mode of social learning which acquires knowledge by observing and behaving like others. Parents are the earliest and most obvious sources of models in the acquisition of attitudes. Peers also have a major influence on attitude acquirement. The theory of modeling is a prominent method by which a student nurse observing a mentor in the clinical settings, follows the wrong method practiced by the mentor in the wards even though the student was instructed in the classroom on the correct procedure and repeatedly instructed on following the correct procedure in doing a given nursing procedure on the patient.

A simple encounter with an object does not necessarily lead a person to develop an attitude towards that object but direct questioning regarding that object may cause

attitudes to form (Gray, 2002). According to the exposure effect phenomenon, in order to create a positive attitude a number of encounters with the object need to be present while a negative attitude needs only a single encounter with the object in the presence of aversive consequences like pain, fear, and disgust.

Some attitudes are formed based on the direct experience with the attitude object, while other attitudes may be acquired less directly; this is the most elementary process of attitude formation. Experience may be direct, personal experience or socially mediated experience, such as any verbal instruction about the object. Attitudes formed through experience are more likely to guide a person's behaviour towards that object with relation to the experience (Fazio, Effrein & Falender, (1981) and compared to attitudes formed passively, attitudes formed through experience are more certain, more stable, more resistant to attack, more accessible and more emotionally charged (Sherman 1996). Attitude once formed influences the way related information is perceived. Having established an attitudinal position on a particular issue, people often interpret new information in ways that will be consistent with their beliefs. A negative exposure to an object or situation creates a negative attitude, while a positive exposure to an object or situation creates a positive attitude. Attitudes that are formed on the basis of direct experience are also more readily accessed than attitudes that are formed more indirectly (Fazio, Chen, McDonel & Sherman, 1982).

Here it has to be agreed that attitudes are formed through experience either by direct experience or by indirect experience with the attitude object. Experience can be gained through family interactions, social environment, education and contact. Parents play the fundamental role in providing themselves as role models to their children,

where at the earliest the children start to imitate their parents. If siblings are present they in turn also take part in forming role models to the younger siblings. For example, a person growing up in a home surrounded with parents and others who smoke will be more likely to smoke in time to come compared to another person who grows up in an environment where no one smokes. For the first person, experience of his parents and others smoking, impose a more routine action and may obviously create the idea that smoking is something that all grown ups do and in future he too would be like his parents. The same argument follows when coming to the attitude towards mentally ill. A person growing up in a home environment where mentally ill are looked down and made fun of is more likely to have the same attitudes as the whole family. On the other hand a person who comes from a family who empathizes with the mentally ill will have a positive attitude towards them..

Experience is also acquired from the social environment where a person lives and grows up. Attitude is always formulated as a property of an individual personality and the major determinants of attitude are conceived from social influences like norms and roles. According to Pagel and Davidson (1984), people's moral values play a major role in determining their attitude towards an object. The more exposed a person is to the social world the more knowledge he gains and this knowledge helps create attitude in the person towards different attitudinal objects and situations. It is argued by social psychologists that the more encounters that a person has with an attitude object the more they can produce positive attitude. In the same way, it is hypothesised that the more a nurse is exposed to mentally ill patients the more her attitude is going to be positive. Education and other forms of acquiring knowledge about an attitude object also provide a better understanding about the object in discussion and thus aid in providing a positive

attitude. The educational qualification of a nurse and the acquisition of special training in fields related to mental illness are also regarded to have an influence in creating a positive attitude towards mentally ill.

2.3.3 Relationship between Attitude and Behaviour

According to Virtala, Salmelin, Tamminen and Anttinen (1998) attitudes are learned throughout the life and may be conscious or unconscious and is also known to shape both the social perceptions and social behaviour. An individual's array of attitudes towards objects in his or her world is vast and unlimited, and more so towards objects in the social world he lives and the number of any individual's attitude is limited to the objects existing in his physical and psychological world. Lippa (1994) defines attitude as "learned evaluative response directed at specific objects, which is relatively enduring and influences and motivates ones behaviour towards these objects". Newcomb, Rabow and Hernandez (1992), displayed the relationship between specific attitude and behaviour by their study on students from three different countries on their attitudes towards nuclear weapons.

Attitudes either positive or negative predict how a person is going to behave or react in future towards that attitude object and attitude is the product of two factors, the individual's beliefs about the consequences of that specific behaviour and his or her evaluation of those possible outcomes. Homer and Kahle (1988), states that moral values indirectly influence behaviour. The personal component is a measure of a person's attitude towards engaging in a specific behaviour. The second component, the social component introduces as social element, the person's beliefs about what other people think he or she should do and strength of the person's motivation to comply with

those expectations. These two factors combine to determine a person's intention to perform the behaviour in question.

Behaviour is modified as a result of experience, that somehow a person retains residues of experience of such a nature as to guide, bias, or otherwise influence later behaviour. Figure 2.1 explains that present or current attitudes of a person towards any object or situation are the result of previous or earlier experience with that same object or situation and that current attitude along with the current environment or situation predicts the behaviour of that person. The following example would further clear the figure in discussion. Nurse A having had a frightful and violent experience with a mentally ill person in her childhood days still remembers the incident when ever she comes across a mentally ill person and her attitude towards mentally ill people is always based upon her previous experience. And now having to work with mentally ill people with out proper training and facilities makes her conditions worse, where by she tend to behave in a negative way towards the mentally ill people.

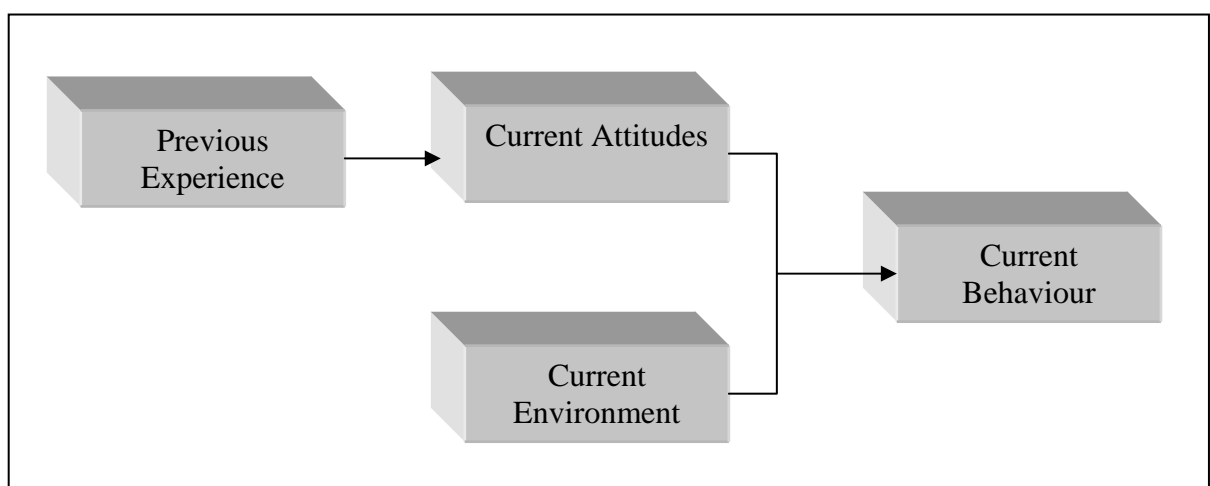


Figure 2.1 Relationship Between Previous Experience and Current Behaviour

Knowing the attitude of nurses from this study will predict how it will influence their behaviour towards mentally ill, whether the nurses will show an aversion or attraction towards mentally ill, and whether their behaviour will indirectly affect the recovery and true rehabilitation of the mentally ill. The relationship between attitude and behaviour will be explained in the following part of this chapter.

2.3.4 How is Attitudes Measured?

Attitudes as we know are not observable entities; hence it is an underlying construct that must be inferred. Rating scales are widely used by researchers to measure people's attitudes to a variety of stimuli. Attitudes can only be measured based on the responses of individuals towards objects - an individual's observable actions and verbal statements of beliefs, feelings, and disposition to act with respect to the object in question. The researchers of attitude are often faced with the question of which scale to choose. Attitude scales are the most widely used and well-designed and tested method for the study of measuring attitude, consisting of a set of statements or items to which the person responds. Psychologists have developed many methods of measurements of attitude, all designed to predict peoples underlying attitudes towards various objects and issues in their environment (Mueller, 1987). The simplest of such methods consists of open-ended questions. However, open-ended questions have the disadvantage of low reliability, and it is difficult to compare the answers of different respondents because their answers may vary widely. There are four principle-scaling methods used to measure attitude, they are:

The most popular scaling device used to measure attitude is the method of summated ratings developed by Renis Likert in the year 1932. A Likert scale consists of

a declarative statement with which subjects are asked to indicate the degree of their agreement or disagreement (Albaum, 1997). Opinions are rated on a scale of three to seven items. Scores for items are generally weighted then combined to give a final score. In refining a Likert scale, researcher will generally do an item analysis to determine which questions are the best measures of attitude being studied. Since attitude has two dimensions; direction and strength, and the standard Likert scale tends to under report the intense agreement or disagreement, it is proposed by Albaum, (1997), that Likert scale be presented as a two-stage scale. The first stage determining the agreement or disagreement with the statement, and the second stage determining how strong the person feels about the answer provided in the first stage.

Item	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree
The United States should move towards socialism					
The private enterprise system is best for small business firms rather than big business firms					
The private enterprise economic system is synonymous with small business					
In order to achieve economic growth governmental laws should be relaxed					

Figure 2.2 Example of a Likert's Scale

Source: Albaum, G. (1997). *The Likert scale revisited: An alternate version*. Journal of the Market Research Society. 39 (2), 331-348.

Figure 2.2 shows an example of a Likert,s scale used to determine the level of a person’s agreement or disagreement towards a given statement.

The second method, Thurstone scale or the method of equal appearing intervals is usually used to measure attitudes towards an object or concept. This is the first major technique developed to measure attitude. Louis Thurstone, in the year 1928 developed this in his study of attitudes towards religion and he is also known as the ‘father’ of attitude scaling (Mueller, 1987). Thurstone’s method involved defining and identifying the object, then making a pool of opinion statements, some positive, some negative and some neutral. Thurstone developed three distinct scales for measuring attitude; they are paired comparisons, equal-appearing intervals and successive intervals. Thurstone’s original scale is an 11-point scale with 22 items where, each two items is awarded a point and is measured using equal-appearing intervals. Each item of the scale has values ranging from very unfavourable to very favourable. Judges are assigned to check the items with which the participants agree and their attitude is determined by the average scale value of these items. The major criticism of this method is that this method uses judges to assign scale values to each item in the test and that the attitude of the judges may influence the judgments. And one of the drawbacks of this method is that the construction of this scale is very time consuming and tedious. They are commonly used in psychology and educational research.

Value on 11-point scale	Item
1.3	Practicing contraception should be punishable by law.
3.6	Contraception is morally wrong in spite of possible benefits.
5.4	Contraception has both advantages and disadvantages.
7.6	Contraception is a legitimate health measure.
9.6	Contraception is the only solution to many of our social problems.
10.3	We should not allow but enforce limitation on family size.

Figure 2.3 Example of a Thurstone Scale

Source: Hogg, M. A. and Vaughan, G. M. (1998). *Social Psychology*. 2nd ed. Prentice Hall: U.K.

Guttman's scale or Guttman's scalogram is a scaling method for evaluating sets of statements to determine whether they meet the requirements of a particular kind of scale (A Guttman scale consists of either favourable or unfavourable statements arranged along a continuum. Agreeing with strong statements implies agreement with weaker statements and disagreeing with weaker statements means disagreeing with strong statements (Burklin & Feger, 2001). The statements range from those that are easy for most people to accept and those that only few people can accept. Participants may accept one or many sets of items or may not even accept anyone items of a set. By analyzing the numbers of response errors made by the participants, scalability is determined. The draw back of this method is that it is almost impossible to develop a perfect unidimensional scale. These scales are commonly used in public opinion polls.

Effects of planned encounters.	Statements
Weak	I got acquainted with peers of the other group. I made friends in the other group. I treated peers of the other group as individuals rather than a member of the group.
Strong	I gained better understanding of my national identity. We gained a better understanding of the complexity of the Jewish-Arab conflict.

Figure 2.4 Example of a Guttman's Scale

Source: Eshel, Y. (1999). *Effects of in-group bias on planned encounters of Jewish and Arab youths*. The Journal of Social Psychology. 139 (6), 768.

Osgood Semantic Differential scale is a popular scaling device developed by Osgood in the year 1957. This method is different from all the above methods of attitude measurement in that this method focuses on the meaning that people give to a word or concept rather than agreement or disagreement on statements. Participants are asked to check the most suitable words which best explains a concept, for example the concept 'nuclear power' are measured by a scale of words like good / bad, nice / awful, pleasant / unpleasant, fair / unfair. The analysis of the ratings reveals the dimensions that people use to explain a concept (Renberg & Jacobsson, 2003). The main advantage of this method is that there is no need to construct a list of questions or statements, and the disadvantage is that the measure is too simple.